# The State of Adolescent Sexual Health in Colorado 2015

a report by colorado youth matter

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# Table of Contents



# Introduction

This report provides a summary of relevant, up-to-date statistics on the sexual health of young people and a snapshot of how Colorado has progressed and measured up to national trends over time. These data are intended to inform programs and policies that support the health and well-being of all Colorado youth. The recommendations following the data provide a framework that individual communities can tailor to support youth sexual health. For additional county-specific data on teen births and sexually transmitted infections (STIs), please visit Colorado Youth Matter's interactive map: www.coloradoyouthmatter.org. Colorado Youth Matter staff are available to provide training, technical assistance and additional resources to help youth-serving professionals, askable adults, families and caregivers meet the sexual health needs of youth in their communities.

# Adolescent Sexual Behavior

Sexual activity among young people overall is on the decline. In 2013, only 33% of Colorado high school students reported ever having had sexual intercourse,[1] compared to 47% of students nationally[2] and 41% of Colorado students in 2011.[3] Additionally, fewer than one in ten (9%) Colorado high school students reported having had four or more sexual partners in 2013,[1] compared to 13% of students in 2011.[3] Nonetheless, the majority of Colorado students will have sex before they graduate (53%), and 23% of students were sexually active when surveyed.[1]

On average, sexual activity among young people begins at age 17.[4] Early initiation of sexual behavior puts youth at risk of early pregnancy — sexually active girls under the age of 15 are twice as likely to become a teen mother compared to girls that initiate sex at age 15 or older.[5]

## Protective Factors

Research shows that the engagement of "askable adults" (adults who young people see as approachable, trusted, knowledgeable and supportive) significantly* increases the protective factors for youth.

## Contraceptive Use

Among Colorado high school students who had sex within three months of being surveyed in 2013, only 64% used a condom the last time they had sex,[1] compared to 71% in 2011.[3] However, usage of birth control pills among sexually active students has remained relatively stable between 2011 (23%)[3] and 2013 (22%).[1]

Young people in Colorado that could ask a parent or guardian for help were less likely to[1]...

**29%** vs. **43%**
...have ever engaged in sexual intercourse

**2%** vs. **7%**
...have had sex before age 13

**7%** vs. **15%**
...have had sex with four or more people in their lifetime

**20%** vs. **30%**
...have used alcohol or drugs during last sexual intercourse

...and were more likely to[1]...

**65%** vs. **57%**
...have used a condom during last intercourse

**35%** vs. **27%**
...have used an effective method of birth control to prevent pregnancy during last intercourse (e.g. birth control pills, IUD, implant, patch or birth control ring)

**The differences noted in this section are statistically significant.*

Younger youth are less likely to use effective contraception than their older peers. Of Colorado students ages 15 and younger who are sexually active, 21% used an effective method of birth control to prevent pregnancy (e.g. birth control pills, IUD, implant, patch or birth control ring) at last sex compared to 35% of sexually active students ages 16 and older.[1]

2013 was the first year the Youth Risk Behavior Survey and the Healthy Kids Colorado Survey measured long-acting reversible contraceptive (LARC) usage, such as an intrauterine device (IUD) or implant. In Colorado, 7% of sexually active female high school students reported using a LARC method before their last sexual experience to prevent pregnancy[1] compared to 2% of sexually active female students nationally.[2] The Colorado Family Planning Initiative (CFPI) has also had a significant impact on increasing access to LARC methods, and increased usage among 15-24 year old Title X clients from 5% in 2008 to 19% in 2011.[6]

## Sexual Violence and Bullying

There were no differences among students surveyed nationally and in Colorado who reported experiencing dating and sexual violence. Among high school students who dated someone within a year of being surveyed, 10% were physically hurt on purpose by the person they were dating,[1,2] and 7% of students reported being physically forced to have sex when they did not want to at some point in their life.[1,2]

Lesbian, gay, bisexual and transgender (LGBT) youth have reported high levels of bullying in school environments. The 2013 National School Climate Survey found that 74% of LGBT students reported being targeted for verbal harassment in the past year because of their sexual orientation and 55% because of their gender expression. Almost 33% of LGBT students were physically harassed in the past year because of their sexual orientation and 23% because of their gender expression.[7] The Healthy Kids Colorado Survey asked a sexual identity question for the first time in 2013.* Approximately 6% of high school students who completed the survey identify as lesbian, gay or bisexual (LGB). Survey findings show that LGB youth were more likely to have been forced to have sex than their heterosexual peers (27% vs. 5%).[1]

** The 2015 Healthy Kids Colorado Survey instrument will include a question about students' gender identity in addition to sexual identity.*

**CFPI has had a significant impact on increasing access to LARC methods, and increased usage among 15-24 year old Title X clients from 5% in 2008 to 19% in 2011.**

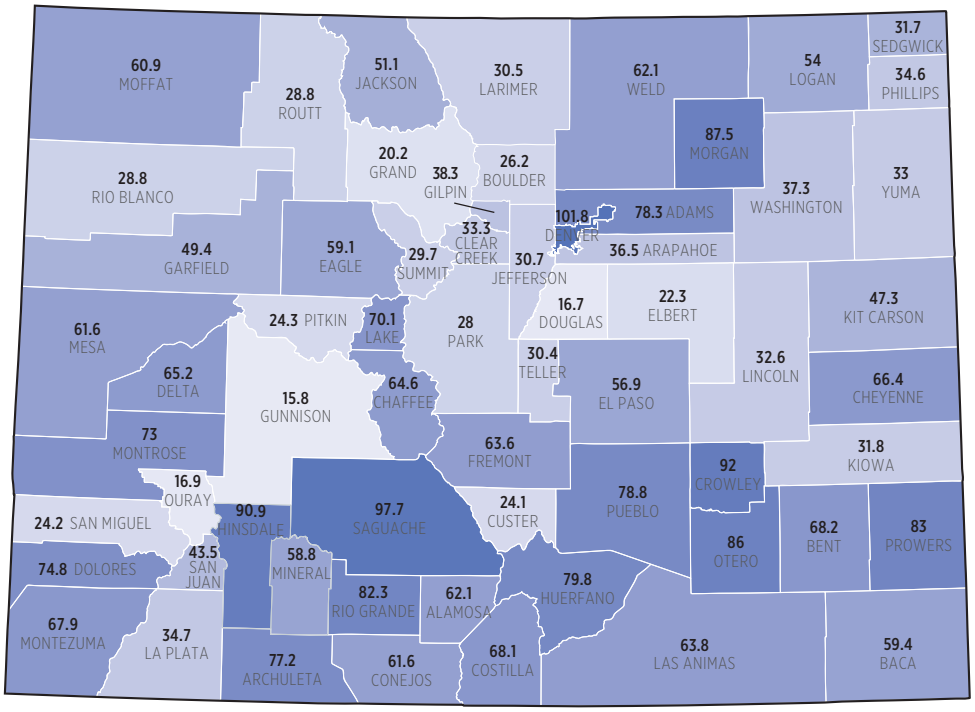
# Teen Births and Abortions

## Teen Birth Rates

National teen birth rates have been on a steady decline since 2007.[5] In 2013 teen birth rates were the lowest they have ever been among 10-14 year old females. The rate among 15-19 year olds has fallen almost 57% since the peak in 1991 to a rate of 26.6 per 1,000 females in this age group in 2013. The majority of the declines have occurred in recent years, including a 30% decline in the last five years and almost 10% decline between 2012 and 2013 alone.[8]

Colorado's 2013 teen birth rate ranks 18th lowest in the county, with 22.3

Figure 1: Teen birth rates* (Ages 15-19) by Colorado county, 1991**-1993[9] average





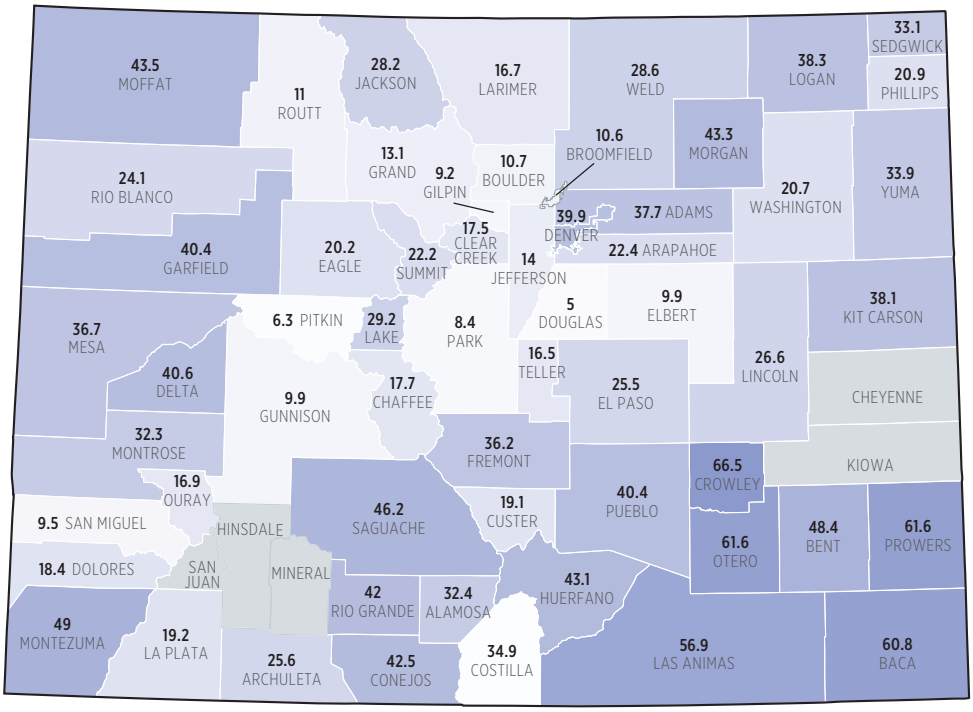

*Birth rate equals the number of births per thousand females in that age group. Darker areas indicate higher birth rates. Counties with fewer than three births are not included and indicated in gray in order to protect privacy and confidentiality

**1991 is used as a starting point for measuring changes because it has been identified by the CDC as being the most recent peak in teen birth rates in the United States.

births per 1,000 females ages 15-19. This is an almost 60% decline from 1991, a 40% decline from 2009 and an 8% decline from 2012. Despite the dropping teen birth rates, on average 11 babies were born to teens in Colorado every day in 2013 — or about one baby born every 137 minutes.[9]

Of the Colorado counties with data reported in Figures 1 and 2, 95% have experienced declines in teen birth rates since 1991, while only 5% have experienced increased teen birth rates.[9]

## Figure 2: Teen birth rates* (Ages 15-19) by Colorado county, 2011-2013[9] average






***Birth rate equals the number of births per thousand females in that age group. Darker areas indicate higher birth rates.**
Counties with fewer than three births are not included and indicated in gray in order to protect privacy and confidentiality.

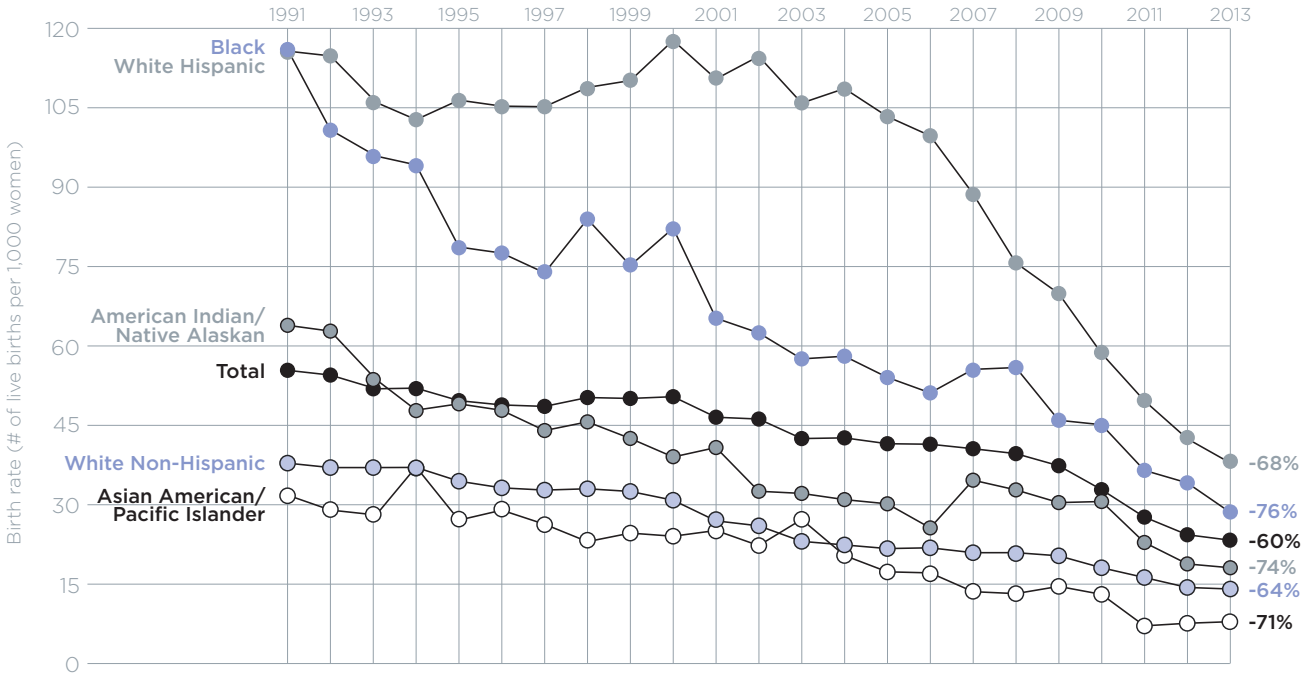
**On average 11 babies were born to teens in Colorado every day in 2013 — or about one baby born every 137 minutes.**

## Disparities in Teen Birth Rates

While the highest teen birth rates in Colorado remain among White, Hispanic/Latina (Latina) and Black/African American females, rates among these two groups are falling rapidly — 68% and 76% respectively since 1991. Latina youth have also experienced the most dramatic decline in teen birth rates in the last five years in comparison with other race/ethnic groups — approximately 47% from 2009 to 2013 and over 11% from 2012 to 2013 alone. Similarly, Black/African American youth in Colorado experienced a 39% decline in teen birth rates just in the past five years and an almost 18% decline between 2012 and 2013. And yet significant disparities remain — nationally and in Colorado Latina youth are almost three times more likely than their White, non-Hispanic peers to experience a teen birth (Figure 3).[9]

Figure 4 organizes all Colorado counties according to each county's number of births as well as its birth rate. The counties that have both a high number of teen births and birth rates, such as

Figure 3: Teen birth rates (ages 15–19) in Colorado by race/ethnicity, 1991–2013[9]




*Great diversity exists within each population group, especially within the Latino community. A deeper analysis is needed for an accurate depiction of the health disparities that exist among youth from diverse racial, gender, ethnic, cultural and socioeconomic backgrounds.*

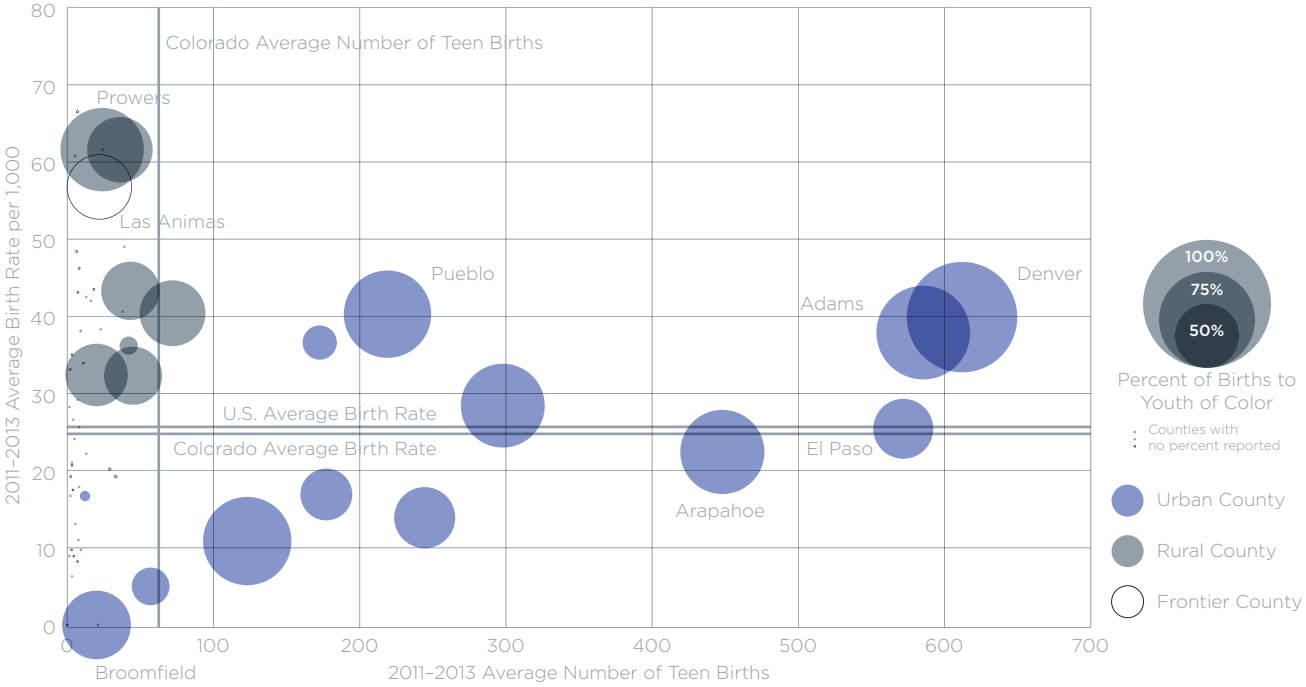
Denver, Adams, Arapahoe and El Paso counties that are above the state and national averages, could have a large impact on the overall statewide teen birth rate. The size of each circle in Figure 4 represents the percent of the county's teen births to youth of color, showing that youth of color experience some of the greatest disparities in teen births in Colorado.[9] It also demonstrates that services provided within these counties have the greatest potential to further reduce teen birth rates and disparities for the entire state.

When looking at adolescent health outcomes across the state, it is important to target areas that will have the highest impact, but also areas of highest need. National data show rural areas of the country experience much higher teen birth rates compared to urban areas.[5] Similarly, rural and frontier Colorado counties, especially those concentrated in the southeastern corner of the state, tend to have disproportionately high teen birth rates and make up the top ten highest birth rates in the state.[9]

New research also shows that students who identify as lesbian, gay or bisexual are twice as likely as their heterosexual counterparts to report becoming pregnant or getting someone pregnant.[10]

**Latina youth are almost three times more likely than their White, non-Hispanic peers to experience a teen birth.**

**Figure 4: Number of births to teens and birth rates among females (ages 15-19), and percent of births to teens of color, by Colorado county, 2011-2013 average[9]**



**Students who identify as lesbian, gay or bisexual are twice as likely as their heterosexual counterparts to report becoming pregnant or getting someone pregnant.**

Researchers hypothesize that the increased risk of pregnancy comes from risky sexual behaviors such as early initiation of sex, multiple sexual partners, and experiencing sexual violence. Additionally, LGB students may be further disadvantaged in their communities due to stigma and discrimination around their sexual orientation, as well as limited access to sexual health resources and fewer connections to caring adults and school communities.[10]

## Abortion Rates

Nationally, abortion rates among women are on the decline, due to efforts to decrease unintended pregnancy.[11] The national abortion rate was 10.5 abortions per 1,000 females ages 15-19 in 2011. This is a 34% decrease from 2002 and represents the largest decline in abortions among all females ages 15-44.[11] Colorado is a national leader in the effort to reduce unintended pregnancy with increased access to long-acting reversible contraceptives (LARC). Consequently, the Colorado abortion rate fell 42% among youth ages 15-19 and 18% among young adults ages 20-24 between 2009 and 2013.[12]

Despite these gains in reducing unintended pregnancy, teen births and abortions, policy makers at the state and national levels are not consistently aligning policy initiatives with research and evidence-based practice. While some legislative advocates have sought funding and policy support of programs that would support sexual health among teens and women, such as expanding access to LARC in Colorado, efforts have not been successful thus far.

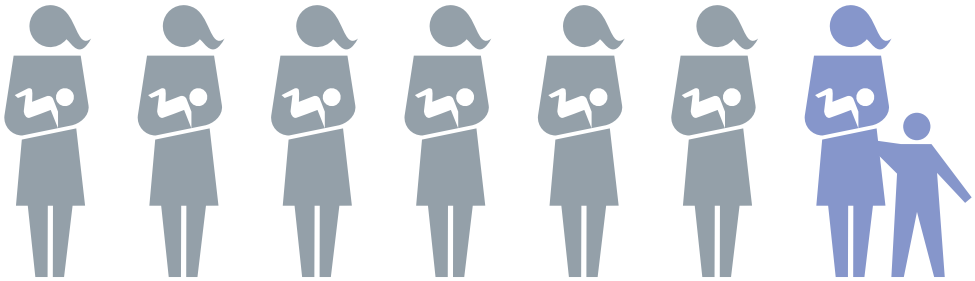
Complete data related to teen pregnancy, including all abortions and miscarriages, is not currently available in Colorado. If or when complete information is available, it will be included in future reports.

# Pregnant and Parenting Teens

Over the last five years, approximately 24,500 babies were born to teen parents in Colorado. Without accounting for repeat births, there may have been as many as 8,700 teen moms in Colorado in 2013.[13]

National rates of repeat teen births are falling, though not as quickly as first births among teens. Between 1991 and 2009, repeat teen birth rates decreased by 23%.[5] Nonetheless, the national teen birth rate in 2009 was five times higher among females who already have children compared to first time teen parents (167 births per 1,000 females ages 15 to 19 with one prior birth vs. 32 births per 1,000 females ages 15-19 with no prior births).[5] In 2013, one in seven births to Colorado females ages 15-19 was a repeat birth, or 14.5% of all teen births.[13]

Pregnant and parenting teens face significant challenges in completing their education — only an estimated 51% of teen mothers nationally achieve a high school diploma by age 22 compared to 89% of females who did not have a teen birth.[14] Policies can help support pregnant and parenting students achieve their educational goals. Some examples of positive policies include Title IX legislation (since 1972) and the Pregnant and Parenting Students' Access to Education Act introduced to Congress, which would provide grants to schools to provide flexible scheduling or on-site child care for students.[15]



**14.5% of all teen births — one in seven — are repeat births.**

# Sexually Transmitted Infections (STIs) and HIV

## Chlamydia

Chlamydia is the most commonly reported notifiable disease or infection* reported to the Centers for Disease Control and Prevention (CDC) in the United States, and is the most prevalent STI in the United States. National rates of chlamydia were highest among youth and young adults ages 15-24, largely among young women. However, young women are twice as likely as young men to be screened for the infection, which may skew chlamydia's prevalence across the population. Screening among women is on the rise; among sexually active females ages 16-24 who receive health care through Medicaid or private insurance plans, chlamydia screening increased from 23% in 2001 to 45% in 2012.[16]

Despite the prevalence and increased screenings of chlamydia, reported infections are on the decline both nationally and in Colorado. National rates of chlamydia among 15-19 year olds have declined 7% in the past five years.[16] Colorado rates of chlamydia among youth have declined at twice that rate — 15% in the past five years[16] (Table 1).

**A notifiable disease or infection is defined by the CDC as being required by law to be reported to government authorities.*

## Gonorrhea

Gonorrhea is the second-most commonly reported notifiable disease or infection to the CDC in the United States and occurs most often among 15-24 year olds. National rates among youth ages 15-19 have declined 16% in the past five years, and the majority of the decline occurred between 2012 to 2013 alone.[16] Similarly, gonorrhea rates among Colorado youth have declined 38% over the past five years, including a 24% decline just in the past year[17] (Table 1).

## HIV

Nationally among all new HIV diagnoses in 2013, an estimated 10,000 (of

### Table 1: Chlamydia, gonorrhea, and HIV rates* among youth ages 15–19, U.S.[16, 18] and Colorado,[17] 2009–2013

| | Chlamydia | | Gonorrhea | | HIV | |
|---|---|---|---|---|---|---|
| | U.S. | Colorado | U.S. | Colorado | U.S. | Colorado |
| 2009 | 1992.6 | 1837.4 | 403.9 | 216.5 | 10.3 | 2.9 |
| 2010 | 2002.4 | 1754.5 | 400.4 | 204.1 | 9.7 | 2.7 |
| 2011 | 2120.8 | 1891.5 | 407.2 | 159.8 | 9.6 | 1.8 |
| 2012 | 2028.2 | 1798.2 | 381.8 | 177.3 | 9.3 | 2.1 |
| 2013 | 1852.1 | 1566.1 | 337.5 | 135.2 | 8.8 | 1.8 |
| % change | -7% | -15% | -16% | -38% | -15% | -38% |

**Chlamydia, gonorrhea and HIV rates are given per 100,000 teens ages 15-19.*

almost 38,000 total) were among youth and young adults ages 13-24, the majority of which (20%) occur among young gay and bisexual men.[18] However, national rates of HIV among youth ages 15-19 have decreased almost 15% in the past five years,[18] and rates among youth ages 15-19 in Colorado have declined even faster (38%) in that same time period.[17]

## Disparities in Sexually Transmitted Infections (STIs)

Young people that identify their race/ethnicity as non-Hispanic Black are disproportionately impacted by sexually transmitted infections and have higher rates of chlamydia, gonorrhea and HIV compared to their peers of other races and ethnicities.[16,18] The highest rates of chlamydia and gonorrhea among Colorado youth also occur in some of the most populous parts of the state, including Denver, Arapahoe, Pueblo and Adams counties. Additionally, Montezuma County has disproportionately high chlamydia rates among youth, El Paso County has high gonorrhea rates among youth and Douglas County has high HIV rates among youth[17] (Table 2).

## Human Papilloma Virus (HPV)

Human Papilloma Virus (HPV) is the most common STI in the United States that is not a notifiable disease or infection.* The CDC recommends that all females and males be vaccinated beginning at age 11 or 12 and through age 26 to prevent the spread of infection and/or development of cervical cancer. While the U.S. Healthy People 2020 goal is 80% coverage of the HPV vaccine, only 57% of females nationally ages 13-17 have received at least one dose of the vaccine, and only 38% have received all three doses of the series. In Colorado, coverage rates are similar with 58% of females ages 13-17 having received at least one dose and 39% having received all three doses of the series.[19] Nationally, the prevalence of HPV among females ages 14-19 has decreased from 12% in the pre-vaccine era (2003-2006) to 5% during the vaccine era (2007-2010).[16]

**A notifiable disease or infection is defined by the CDC as being required by law to be reported to government authorities.*

### Table 2: Top Colorado counties with the highest chlamydia, gonorrhea and HIV rates* among youth ages 15-19, 2013[17]

| Chlamydia | | Gonorrhea | | HIV | |
|---|---|---|---|---|---|
| Colorado | 1566.1 | Colorado | 135.2 | Colorado | 1.8 |
| Denver | 4463.5 | Denver | 452.5 | Pueblo | 9.0 |
| Montezuma | 2409.6 | Arapahoe | 214.9 | Denver | 6.5 |
| Arapahoe | 2213.8 | Pueblo | 188.8 | Douglas | 4.5 |
| Pueblo | 1834.0 | El Paso | 172.5 | Adams | 3.3 |
| Adams | 1674.7 | Adams | 148.4 | Arapahoe | 2.6 |

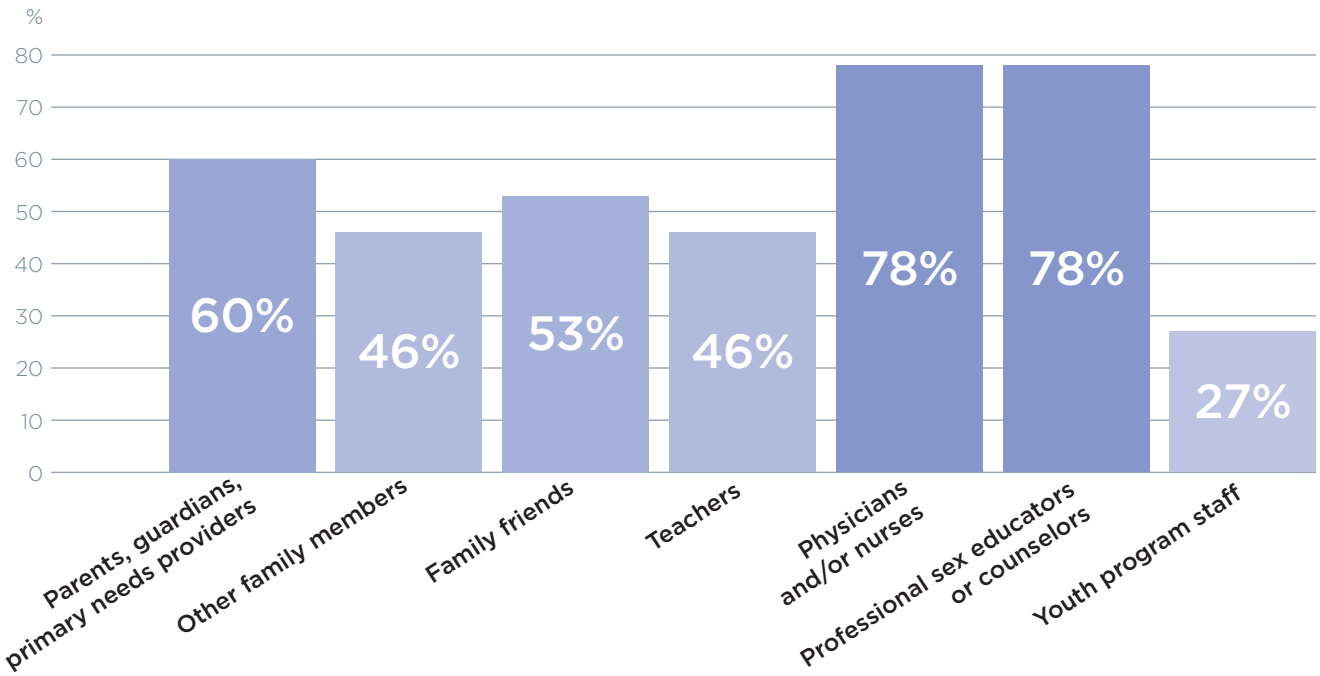
**Chlamydia, gonorrhea and HIV rates are given per 100,000 teens ages 15-19.*

# Health Care Coverage and Services

Nationally, more young people have access to health insurance due to Medicaid Expansion and the Affordable Care Act. These policies have removed cost barriers and co-pays for contraception, making it much easier for young people to access contraception, including the most effective and expensive methods such as long-acting reversible contraception (LARC).[5] Colorado has been a pioneer for the nation in providing accessible and affordable LARC to teens and women across the state through the Colorado Family Planning Initiative (CFPI). CFPI provided funding for LARC methods such as IUDs and implants in 69 Title X family planning clinics across the state from 2009 to 2015. Through this investment, CFPI had a significant impact on the state's teen pregnancy, birth and abortion rates.[6] By addressing the multiple spheres of influence in a young person's life, CFPI increased access to clinical services, resources and comprehensive sex education, and supported community collaboration to effectively make an impact.

As CFPI funding ends, it is important that policymakers and advocates ensure that similar coverage of sexual

Figure 5: People adults see as alternative Askable Adults, 2013[22]



health services extends to youth and low-income women through other funding streams, Medicaid and private insurers under the Affordable Care Act. In addition to providing accessible low- or no-cost contraception, STI screenings, prevention education and other sexual health services, Colorado law states that minors may consent and confidentially access the above services.[20] Research shows that youth feel that parental presence impacts conversations with clinical providers and thus discuss fewer health topics with their clinicians. The vast majority of parents believe that youth should be able to speak to clinicians alone,[21] and the majority of parents surveyed by Colorado Youth Matter saw physicians, nurses, professional sex educators and/or counselors as askable adults they would trust to help young people get answers to their sexual health questions[22] (Figure 5).

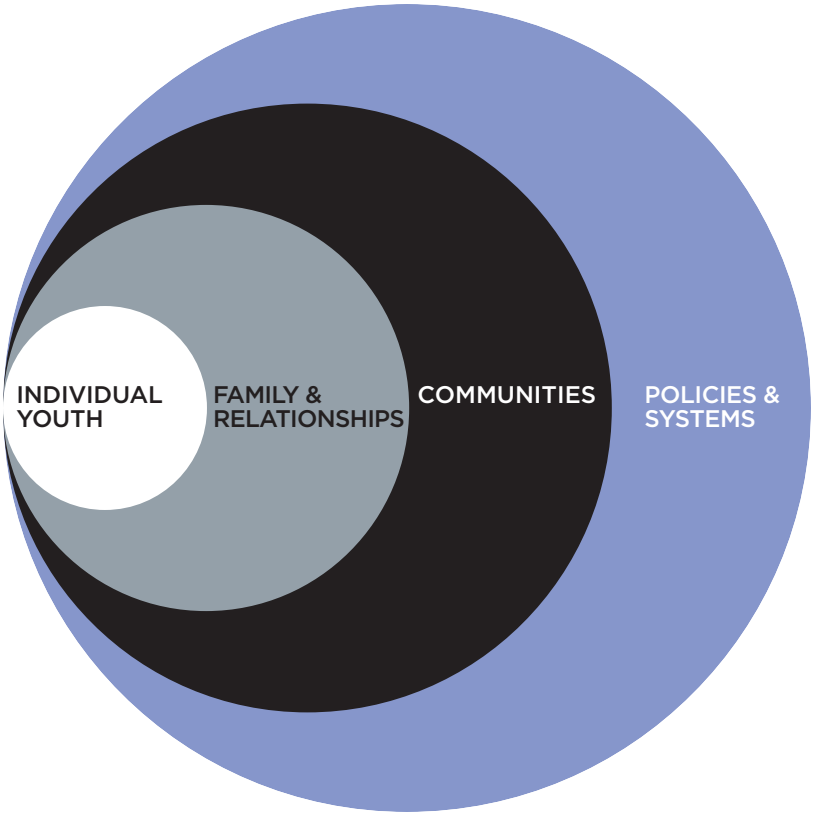
Youth-friendly clinical services provided at places like Title X family planning clinics, school-based health centers (SBHCs) and other clinics that incorporate age-appropriate policies, procedures and information for youth[23] are vital sources of healthcare access for young people. Recent research of Colorado and New Mexico SBHCs shows that when SBHCs are youth-friendly and accessible, youth are more likely to feel engaged with their health care compared to students who don't regularly use SBHCs for services. Funding to increase the number of SBHCs and the quality of services they are providing has helped to increase STI screening and HPV vaccination, among other services.[24] However, only an estimated 37% of SBHCs nationally dispense any forms of contraception for students, which is ideal in providing wraparound services for students in a convenient and accessible location, rather than providing referrals to obtain contraception offsite.[25]

**When SBHCs are youth-friendly and accessible, youth are more likely to feel engaged with their health care.**

# Recommendations

These recommendations are intended to inform programs and policies that support the health and well-being of all Colorado youth. A broad, yet inclusive framework based on the spheres of influence (Figure 6) that support youth sexual health at all levels of a young person's life is provided.[22] Visit the Colorado Youth Matter website www.coloradoyouthmatter.org for more information and resources, and contact staff for technical assistance questions and needs.

Figure 6: Spheres of Influence




## Individual Youth

Young people can:

Build confidence in the decisions they make regarding their sexual health by talking with a trusted adult. Developing genuine partnerships between youth and adults is the most effective strategy for leveraging capacity to make healthy decisions about their lives

Organize a school club/peer education program to share these data and information about youth sexual health. Include peers and teachers who support comprehensive sex education and positive youth development.

Contact legislators about making contraceptives and barrier methods more affordable/available to teens through schools and clinics. One way to do this is by participating in Colorado Youth Matter's annual Youth Action Day at the state Capitol.

## Families and Relationships

Family, friends and trusted adults who are supportive, askable advocates for youth can:

Have open, honest conversations with young people about their health and well-being, including sexual health. If you don't know the answer to a question, work together to find reliable information. Build trust and open, honest dialogue by creating an environment where it is OK for youth to ask you anything.

Increase access to safe relationships and environments that support health, equal responsibility and respect by advocating for safe and thriving communities that are free of racism, sexism, homophobia, poverty and other forms of marginalization.

## Communities

Local resources, health services, family support services, schools, after school programs and employers can:

Increase access to culturally-relevant, youth-friendly and affordable sexual health services, including but not limited to confidential STI testing and treatment, the most effective contraception available, safe and legal abortion, and accessible services for young families including early and quality prenatal care, child care and health care. "Access" includes ensuring that these services are affordable, confidential and geographically convenient.

Ensure that rural and frontier Colorado counties have adequate access to youth sexual health information and services to meet the needs of young people living outside of urban areas.

Bring community stakeholders together, including parents and youth, use our state plan, *Youth Sexual Health in Colorado: A Call to Action* to develop community-wide coordinated strategies to effectively address youth sexual health.

Provide trainings, share resources and promote the involvement of trusted, askable adults, including but not limited to parents and families, who wish to work as advocates and allies in partnership with youth, to advance youth sexual health.

## Policies and Systems

Policy and decisions makers can:

Advocate for policies, programs, research and funding in Colorado that promote sexual health and well-being. This includes a proactive approach to reducing the stigma and shame around youth sexuality and sexual decision making and recognizing sexual health as a holistic integrated aspect of overall health.

Advocate for policies that support pregnant and parenting teens, including Title IX and other policies that support parental leave for teen parents and flexible school scheduling to accommodate their needs while also helping students to achieve their educational goals.

View youth sexual health holistically, rather than solely focusing on pregnancy prevention. In recent years, and especially in Colorado, there has been a large emphasis on promoting long-acting reversible contraceptives (LARC) among young people — an approach that has been effective in preventing unintended pregnancies and reducing abortion rates. However, there is more to sexual health than pregnancy, including access to education inclusive of all genders and sexualities that includes basic anatomy; abstinence; condoms and other forms of contraception; decision-making; goal setting; STI/HIV prevention; and sexual violence prevention.

Make comprehensive health education, including sexual health, a high school graduation requirement for students. All young people deserve the right to information that helps them make informed, responsible decisions into adulthood.

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